

**FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT
TO REVOCATION AND \$500 PENALTY FEE**

**LIMITED PARTNERSHIP
ANNUAL REPORT
1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

97 DEC 22 AM 9:52

1. Name of Limited Partnership

**1a. DOCUMENT #
A10437**

JA MA ENTERPRISES LTD.

Mailing Address

Principal Office Address

**%JAY MANN
11822 DONLIN DRIVE
WEST PALM BEACH FL 33414**

**%JAY MANN
11822 DONLIN DRIVE
WEST PALM BEACH FL 33414**

2. Mailing Address

2a. Principal Office Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

3. Date Formed or Registered

05/04/1981

3a. Date of Last Report

01/09/1997

4. State or Country of Formation

FL

6. FEI Number

59-2066890

7. Certificate of Status Desired

**5a. Capital Contributions as
Shown on record**

\$15,000.00

**5b. Amount of Capital
Contributions in FLORIDA
to date:**

15,000.00

☐ Applied For
☐ Not Applicable

**\$8.75 Additional
Fee Required**

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent

**MANN, JAY
11822 DONLIN DR.
W. PALM BEACH FL 33411**

10. If changed, now Registered Agent/Office

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City

300002385313--5

-12/30/97--01022--001

******208.75 FL ****208.75**

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

**A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.**

11. Name(s) of General Partner(s)

**11a. Address of Each General Partner
(Do NOT Use Post Office Box Numbers)**

11b. City, State & Zip Code

**11c. Registration/
Document Number**

MANN, JAY

11822 DONLIN DRIVE

WEST PALM BCH. FL

Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

12. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

DATE

Typed or Printed Name of General Partner Signing Form

JAY MANN

Daytime Telephone Number

561-793-3819

CP2E003 (5/97)